

## Graduate Defense Results

Email submission to [gradsvcs@lsu.edu](mailto:gradsvcs@lsu.edu).

### Student Information:

Name:

LSU Student ID:

Official Major:

Official Minor:  
(if applicable)

Defense Date:

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### Exam Type:

#### Master's

Thesis    Non-Thesis  
 Pass    Fail

#### Doctoral

General    Final  
 Pass    Fail

#### DMUS (Non-Thesis)

Pass    Fail

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### Exam Results:

We, the undersigned committee members, were present and voted as follows:

Print Name	Sign Name	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Retake
_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Retake
Committee Chair				
_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Retake
Co-Chair (if applicable)				
_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Retake
Dean's Representative				
_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Retake
Minor Professor (if applicable)				
_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Retake
Member				
_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Retake
Member				
_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Retake
Member				

If a student fails the exam and/or retake has been requested, please attach explanation specifying if the student will be allowed to retake the exam and, if so, the amount of time he/she has to retake it.

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### Administrative Approval

Dean of the Graduate School: \_\_\_\_\_ Date: \_\_\_\_\_